

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	IND	DEP
1	1	1					31								
2		2					32								
3		2					33								
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5		2					35								
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48															
49															
50															
TOTAL IND.	1						TOTAL IND.								
TOTAL DEP.	18						TOTAL DEP.								
TOTAL CLAIMS	19						TOTAL CLAIMS								